

708

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH				Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 112	
1. PLACE OF DEATH				COUNTY <u>Graham</u>		STATE <u>ARIZONA</u>		REGISTERED NO. <u>65</u>	
TOWNSHIP				OR VILLAGE <u>Pima</u>		ST. <u>Pima</u>		WARD	
CITY				NO.		IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER			
LENGTH OF RESIDENCE				IN CITY OR TOWN WHERE DEATH OCCURRED <u>54</u> YRS. <u>5</u> MOS. <u>0</u> DS.		HOW LONG IN U. S. IF OF FOREIGN BIRTH? <u>54</u> YRS. <u>5</u> MOS. <u>0</u> DS.			
2. FULL NAME <u>Isaac Follett</u>				HOW LONG IN STATE WHEN DEATH OCCURRED <u>54</u> YRS. <u>5</u> MOS. <u>0</u> DS.					
(A) RESIDENCE: NO. <u>Pima</u>				ST. <u>Pima</u>		WARD <u>Pima</u>		IF NON-RESIDENT GIVE CITY OR TOWN AND STATE	
(USUAL PLACE OF ABODE)									
PERSONAL AND STATISTICAL PARTICULARS									
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) <u>Widower</u>					
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rosie Follett</u>									
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 12-1868</u>									
7. AGE <u>85</u> YEARS		MONTHS <u>11</u>		DAYS <u>17</u>		IF LESS THAN 1 DAY, HRS. OR MIN.			
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.		<u>Farmer</u>							
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.									
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION							
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Pima, Arizona</u>									
13. NAME <u>William A. Follett</u>									
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Sedona, Arizona</u>									
15. MAIDEN NAME <u>Nancy M. Foxworth</u>									
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Columbus, Ohio</u>									
17. INFORMANT <u>G. W. Follett</u>									
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pima</u> DATE <u>May 31, 1936</u>									
19. EMBALMER <u>W. B. Ransom</u> LICENSE NO. <u>1186</u>									
20. FILED <u>6/9/36</u> 1186 <u>W. B. Ransom</u> REGISTER									
MEDICAL CERTIFICATE OF DEATH									
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>5-29-1936</u>									
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>5-15-1935</u> TO <u>5-28-1936</u>									
I LAST SAW HIM/LIVE ON <u>5-28-1936</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>5:00 P. M.</u>									
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:									
<u>Cardiac arrest of</u>									
<u>Stomach & Heart</u>									
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:									
<u>Chronic Intestinal</u>									
<u>Apoplexy</u>									
NAME OF OPERATION _____ DATE OF _____									
WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____									
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____									
WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)									
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____									
MANNER OF INJURY _____									
NATURE OF INJURY _____									
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____									
IF SO, SPECIFY <u>J. W. Higgins, M. D.</u>									
(SIGNED) <u>J. W. Higgins</u> (ADDRESS) <u>Phoenix, Arizona</u>									
BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION									